STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96104
START CARD # 197584

(1) LAND OWNER Owner Well I.D. 2
First Name Joe & Shirley Last Name Presco
Company
Address 404 2nd ST
City Enterprise State OR Zip 97828

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 123 ft.

BORE HOLE

Dia	From	To
10	0	20
6	20	123

SEAL

Material	From	To	Amt (sacks)	Tbs
Cement	7	20	12	
Bentonite	0	7	10	

How was seal placed: Method [ ] A [ ] B [✓] C [ ] D [ ] E
[ ] Other Bentonite Powred
Backfill placed from ft. to ft. Material Size
Filter pack from ft. to NONE ft. Material Size
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
[X]	[ ]	6		+2	118	.250	[X]	[ ]	[X]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 118'6"
Temp casing [X] Yes Dia 10 From 0 To 20

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
			NONE					

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [X] Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50+		120	1½ hrs

Temperature 50 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units
		NONE		

(9) LOCATION OF WELL (legal description)
County Wallowa Twp 2S N/S Range 41E E/W WM
Sec 11 SE 1/4 of the SE 1/4 Tax Lot 2311
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
[✓] Street address of well [ ] Nearest address
6291 11 Eagle Lane Enterprise, Or.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well/ Predeepening	5-1-08	3	[X]	F
Completed Well	5-1-08	F	[X]	F

Flowing Artesian? [X] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 115

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5-1-08	115	123	17	7		
5-1-08	115	123	50	F	[X]	F

(11) WELL LOG Ground Elevation

Material	From	To
Top Soil	0	6
Clay & Gravel (Solid)	6	45
Brown Clay	45	50
Black Clay & Gravel	55	62
Red Brown Clay	62	69
Yellow Clay & Gravel	69	75
Black Clay & Gravel	75	85
Tan Clay Gravel w/Bo	115	85 123

RECEIVED
MAY 08 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 4-30-08 Completed 5-1-08

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
License Number 1737 Date 5-9-08
Password : (if filing electronically)
Signed Michael J. Stoffel

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
License Number 415 Date 5-9-08
Password : (if filing electronically)
Signed Robert M Stoffel
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
Form Version: 0.89